

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.D.	10	01-70
O.I.P.E. CLASSIFIER		844	2/5
FORMALITY REVIEW	T.A.		02/01/02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
1	Original
2	9/16/02
3	3/7/03
4	7/24/03
5	1/9/04
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If more than 150 claims or 10 actions  
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